

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2020

CERTIFICATE OF DEATH

REGISTRAR'S NO.

34

15 E OF DEATH AND 51 L RESIDENCE K-	BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).	
			A. COUNTY Yuma		A. STATE Arizona B. COUNTY Yuma	
			B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Yuma		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Yuma	
			C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) life life		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 960 Sixth Ave	
CEDENT PERSONAL DATA 165	3. NAME OF DECEASED (TYPE OR PRINT)		A. (FIRST) CHARLES		B. (MIDDLE) ORTIZ	
			C. (LAST) BAKER		4. SEX Male	
					5. COLOR OR RACE W	
CAUSE OF DEATH TEM 18)	6. MARRIED - NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Apr 8 1880		8. AGE YEARS MONTHS DAYS 65 10 24	
	9B. KIND OF BUSINESS OR INDUSTRY R.R. Retired		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U.S.	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 701-01-7910			
	14A. FATHER'S NAME EDWARD BAKER		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME DOLORES ORTIZ	
CAUSE OF DEATH TEM 18)	16. INFIRMANT'S SIGNATURE 354 Mrs Leonora Hernandez		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 2 1954		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE OR (a), (b), (c). 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Hypertension and Heart Disease ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
RATIONS, UTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
MEDICAL CORONER'S IFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2/20 1954 TO 3/27 1954. THAT I LAST SAW THE DECEASED ALIVE ON 3/27 1954 AND THAT DEATH OCCURRED AT 11:59 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE (DEGREE OR TITLE) John J. Kloby M.D.		23B. ADDRESS 1024 - 4th. Av - Yuma, Ariz.		23C. DATE SIGNED 3/2/54	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE March 4, 1954		24C. NAME OF CEMETERY OR CREMATORY Yuma Cemetery	
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Yuma, Arizona		24E. DATE REC'D BY LOCAL REG.		24F. REGISTRAR'S SIGNATURE Marie Nelson	
JNERAL RECTOR 93 AND GISTRAR 2	25A. DATE REC'D BY LOCAL REG. 0 - 3-4-1954		25B. REGISTRAR'S SIGNATURE Marie Nelson		26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary, Inc. Box 310 27. EMBALMER'S SIGNATURE O. Johnson 19A	